

JS44 (Rev. 10/2020 NDGA)

CIVIL COVER SHEET

The JS44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form is required for the use of the Clerk of Court for the purpose of initiating the civil docket record. (SEE INSTRUCTIONS ATTACHED)

I. (a) PLAINTIFF(S)

Green, Wendy

DEFENDANT(S)

The Anthem Companies, Inc.

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF Fulton County
(EXCEPT IN U.S. PLAINTIFF CASES)

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT _____
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED

(c) ATTORNEYS (FIRM NAME, ADDRESS, TELEPHONE NUMBER, AND E-MAIL ADDRESS)

Anthony Dawkins
Anthony Dawkins, P.C.
1100 Peachtree Street, NE, STE 200
Atlanta, GA 30309
404-551-5333
anthony@justice24-7.com

ATTORNEYS (IF KNOWN)

II. BASIS OF JURISDICTION

(PLACE AN "X" IN ONE BOX ONLY)

- ☐ 1 U.S. GOVERNMENT PLAINTIFF
☐ 2 U.S. GOVERNMENT DEFENDANT
☒ 3 FEDERAL QUESTION (U.S. GOVERNMENT NOT A PARTY)
☐ 4 DIVERSITY (INDICATE CITIZENSHIP OF PARTIES IN ITEM III)

III. CITIZENSHIP OF PRINCIPAL PARTIES(PLACE AN "X" IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)
(FOR DIVERSITY CASES ONLY)

- | PLF | DEF | PLF | DEF | |
|---------------------------------------|----------------------------|----------------------------|---------------------------------------|--|
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | CITIZEN OF THIS STATE INCORPORATED OR PRINCIPAL PLACE OF BUSINESS IN THIS STATE |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 5 | <input checked="" type="checkbox"/> 5 | CITIZEN OF ANOTHER STATE INCORPORATED AND PRINCIPAL PLACE OF BUSINESS IN ANOTHER STATE |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | CITIZEN OR SUBJECT OF A FOREIGN COUNTRY FOREIGN NATION |

IV. ORIGIN (PLACE AN "X" IN ONE BOX ONLY)

- ☒ 1 ORIGINAL PROCEEDING
☐ 2 REMOVED FROM STATE COURT
☐ 3 REMANDED FROM APPELLATE COURT
☐ 4 REINSTATED OR REOPENED
☐ 5 TRANSFERRED FROM ANOTHER DISTRICT (Specify District) _____
☐ 6 MULTIDISTRICT LITIGATION - TRANSFER
☐ 7 APPEAL TO DISTRICT JUDGE FROM MAGISTRATE JUDGE JUDGMENT
☐ 8 MULTIDISTRICT LITIGATION - DIRECT FILE

V. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE - DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY)

Failure to accommodate disability under the Americans with Disabilities Act, 42 U.S.C. 12111

(IF COMPLEX, CHECK REASON BELOW)

- | | |
|---|---|
| <input type="checkbox"/> 1. Unusually large number of parties. | <input type="checkbox"/> 6. Problems locating or preserving evidence |
| <input type="checkbox"/> 2. Unusually large number of claims or defenses. | <input type="checkbox"/> 7. Pending parallel investigations or actions by government. |
| <input type="checkbox"/> 3. Factual issues are exceptionally complex | <input type="checkbox"/> 8. Multiple use of experts. |
| <input type="checkbox"/> 4. Greater than normal volume of evidence. | <input type="checkbox"/> 9. Need for discovery outside United States boundaries. |
| <input type="checkbox"/> 5. Extended discovery period is needed. | <input type="checkbox"/> 10. Existence of highly technical issues and proof. |

CONTINUED ON REVERSE

FOR OFFICE USE ONLY

RECEIPT # _____	AMOUNT \$ _____	APPLYING IFP _____	MAG. JUDGE (IFP) _____
JUDGE _____	MAG. JUDGE _____ (Referral)	NATURE OF SUIT _____	CAUSE OF ACTION _____

VI. NATURE OF SUIT (PLACE AN "X" IN ONE BOX ONLY)**CONTRACT - "0" MONTHS DISCOVERY TRACK**

- ☐ 150 RECOVERY OF OVERPAYMENT & ENFORCEMENT OF JUDGMENT
- ☐ 152 RECOVERY OF DEFAULTED STUDENT LOANS (Excl. Veterans)
- ☐ 153 RECOVERY OF OVERPAYMENT OF VETERAN'S BENEFITS

CONTRACT - "4" MONTHS DISCOVERY TRACK

- ☐ 110 INSURANCE
- ☐ 120 MARINE
- ☐ 130 MILLER ACT
- ☐ 140 NEGOTIABLE INSTRUMENT
- ☐ 151 MEDICARE ACT
- ☐ 160 STOCKHOLDERS' SUITS
- ☐ 190 OTHER CONTRACT
- ☐ 195 CONTRACT PRODUCT LIABILITY
- ☐ 196 FRANCHISE

REAL PROPERTY - "4" MONTHS DISCOVERY TRACK

- ☐ 210 LAND CONDEMNATION
- ☐ 220 FORECLOSURE
- ☐ 230 RENT LEASE & EJECTMENT
- ☐ 240 TORTS TO LAND
- ☐ 245 TORT PRODUCT LIABILITY
- ☐ 290 ALL OTHER REAL PROPERTY

TORTS - PERSONAL INJURY - "4" MONTHS DISCOVERY TRACK

- ☐ 310 AIRPLANE
- ☐ 315 AIRPLANE PRODUCT LIABILITY
- ☐ 320 ASSAULT, LIBEL & SLANDER
- ☐ 330 FEDERAL EMPLOYERS' LIABILITY
- ☐ 340 MARINE
- ☐ 345 MARINE PRODUCT LIABILITY
- ☐ 350 MOTOR VEHICLE
- ☐ 355 MOTOR VEHICLE PRODUCT LIABILITY
- ☐ 360 OTHER PERSONAL INJURY
- ☐ 362 PERSONAL INJURY - MEDICAL MALPRACTICE
- ☐ 365 PERSONAL INJURY - PRODUCT LIABILITY
- ☐ 367 PERSONAL INJURY - HEALTH CARE/ PHARMACEUTICAL PRODUCT LIABILITY
- ☐ 368 ASBESTOS PERSONAL INJURY PRODUCT LIABILITY

TORTS - PERSONAL PROPERTY - "4" MONTHS DISCOVERY TRACK

- ☐ 370 OTHER FRAUD
- ☐ 371 TRUTH IN LENDING
- ☐ 380 OTHER PERSONAL PROPERTY DAMAGE
- ☐ 385 PROPERTY DAMAGE PRODUCT LIABILITY

BANKRUPTCY - "0" MONTHS DISCOVERY TRACK

- ☐ 422 APPEAL 28 USC 158
- ☐ 423 WITHDRAWAL 28 USC 157

CIVIL RIGHTS - "4" MONTHS DISCOVERY TRACK

- ☐ 440 OTHER CIVIL RIGHTS
- ☐ 441 VOTING
- ☐ 442 EMPLOYMENT
- ☐ 443 HOUSING/ ACCOMMODATIONS
- ☒ 445 AMERICANS with DISABILITIES - Employment
- ☐ 446 AMERICANS with DISABILITIES - Other
- ☐ 448 EDUCATION

IMMIGRATION - "0" MONTHS DISCOVERY TRACK

- ☐ 462 NATURALIZATION APPLICATION
- ☐ 465 OTHER IMMIGRATION ACTIONS

PRISONER PETITIONS - "0" MONTHS DISCOVERY TRACK

- ☐ 463 HABEAS CORPUS- Alien Detainee
- ☐ 510 MOTIONS TO VACATE SENTENCE
- ☐ 530 HABEAS CORPUS
- ☐ 535 HABEAS CORPUS DEATH PENALTY
- ☐ 540 MANDAMUS & OTHER
- ☐ 550 CIVIL RIGHTS - Filed Pro se
- ☐ 555 PRISON CONDITION(S) - Filed Pro se
- ☐ 560 CIVIL DETAINEE: CONDITIONS OF CONFINEMENT

PRISONER PETITIONS - "4" MONTHS DISCOVERY TRACK

- ☐ 550 CIVIL RIGHTS - Filed by Counsel
- ☐ 555 PRISON CONDITION(S) - Filed by Counsel

FORFEITURE/PENALTY - "4" MONTHS DISCOVERY TRACK

- ☐ 625 DRUG RELATED SEIZURE OF PROPERTY 21 USC 881
- ☐ 690 OTHER

LABOR - "4" MONTHS DISCOVERY TRACK

- ☐ 710 FAIR LABOR STANDARDS ACT
- ☐ 720 LABOR/MGMT. RELATIONS
- ☐ 740 RAILWAY LABOR ACT
- ☐ 751 FAMILY and MEDICAL LEAVE ACT
- ☐ 790 OTHER LABOR LITIGATION
- ☐ 791 EMPL. RET. INC. SECURITY ACT

PROPERTY RIGHTS - "4" MONTHS DISCOVERY TRACK

- ☐ 820 COPYRIGHTS
- ☐ 840 TRADEMARK
- ☐ 880 DEFEND TRADE SECRETS ACT OF 2016 (DTSA)

PROPERTY RIGHTS - "8" MONTHS DISCOVERY TRACK

- ☐ 830 PATENT
- ☐ 835 PATENT-ABBREVIATED NEW DRUG APPLICATIONS (ANDA) - a/k/a Hatch-Waxman cases

SOCIAL SECURITY - "0" MONTHS DISCOVERY TRACK

- ☐ 861 HIA (1395f)
- ☐ 862 BLACK LUNG (923)
- ☐ 863 DIWC (405(g))
- ☐ 863 DIWW (405(g))
- ☐ 864 SSID TITLE XVI
- ☐ 865 RSI (405(g))

FEDERAL TAX SUITS - "4" MONTHS DISCOVERY TRACK

- ☐ 870 TAXES (U.S. Plaintiff or Defendant)
- ☐ 871 IRS - THIRD PARTY 26 USC 7609

OTHER STATUTES - "4" MONTHS DISCOVERY TRACK

- ☐ 375 FALSE CLAIMS ACT
- ☐ 376 Qui Tam 31 USC 3729(a)
- ☐ 400 STATE REAPPORTIONMENT
- ☐ 430 BANKS AND BANKING
- ☐ 450 COMMERCE/ICC RATES/ETC.
- ☐ 460 DEPORTATION
- ☐ 470 RACKETEER INFLUENCED AND CORRUPT ORGANIZATIONS
- ☐ 480 CONSUMER CREDIT
- ☐ 485 TELEPHONE CONSUMER PROTECTION ACT
- ☐ 490 CABLE/SATELLITE TV
- ☐ 890 OTHER STATUTORY ACTIONS
- ☐ 891 AGRICULTURAL ACTS
- ☐ 893 ENVIRONMENTAL MATTERS
- ☐ 895 FREEDOM OF INFORMATION ACT 899
- ☐ 899 ADMINISTRATIVE PROCEDURES ACT / REVIEW OR APPEAL OF AGENCY DECISION
- ☐ 950 CONSTITUTIONALITY OF STATE STATUTES

OTHER STATUTES - "8" MONTHS DISCOVERY TRACK

- ☐ 410 ANTITRUST
- ☐ 850 SECURITIES / COMMODITIES / EXCHANGE

OTHER STATUTES - "0" MONTHS DISCOVERY TRACK

- ☐ 896 ARBITRATION (Confirm / Vacate / Order / Modify)

*** PLEASE NOTE DISCOVERY TRACK FOR EACH CASE TYPE. SEE LOCAL RULE 26.3**

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF CLASS ACTION UNDER F.R.Civ.P. 23 DEMAND \$ _____

JURY DEMAND ☒ YES ☐ NO (CHECK YES ONLY IF DEMANDED IN COMPLAINT)

VIII. RELATED/REFILED CASE(S) IF ANY

JUDGE _____ DOCKET NO. _____

CIVIL CASES ARE DEEMED RELATED IF THE PENDING CASE INVOLVES: (CHECK APPROPRIATE BOX)

- ☐ 1. PROPERTY INCLUDED IN AN EARLIER NUMBERED PENDING SUIT.
- ☐ 2. SAME ISSUE OF FACT OR ARISES OUT OF THE SAME EVENT OR TRANSACTION INCLUDED IN AN EARLIER NUMBERED PENDING SUIT.
- ☐ 3. VALIDITY OR INFRINGEMENT OF THE SAME PATENT, COPYRIGHT OR TRADEMARK INCLUDED IN AN EARLIER NUMBERED PENDING SUIT.
- ☐ 4. APPEALS ARISING OUT OF THE SAME BANKRUPTCY CASE AND ANY CASE RELATED THERETO WHICH HAVE BEEN DECIDED BY THE SAME BANKRUPTCY JUDGE.
- ☐ 5. REPETITIVE CASES FILED BY PRO SE LITIGANTS.
- ☐ 6. COMPANION OR RELATED CASE TO CASE(S) BEING SIMULTANEOUSLY FILED (INCLUDE ABBREVIATED STYLE OF OTHER CASE(S)):

☐ 7. EITHER SAME OR ALL OF THE PARTIES AND ISSUES IN THIS CASE WERE PREVIOUSLY INVOLVED IN CASE NO. _____, WHICH WAS DISMISSED. This case ☐ IS ☐ IS NOT (check one box) SUBSTANTIALLY THE SAME CASE.

SIGNATURE OF ATTORNEY OF RECORD

DATE

5/10/23

2.

Green is a citizen of the State of Georgia.

3.

Anthem is a foreign profit corporation authorized to conduct business in the State of Georgia.

4.

Anthem conducts business in this judicial district.

JURISDICTION

5.

Jurisdiction of this court is founded upon 28 U.S.C §§ 451, 1331, 1337, and 1343 and other applicable law.

VENUE

6.

The alleged unlawful employment practices took place in the Northern District of Georgia.

7.

Venue is proper in this district.

EXHAUSTION OF ADMINISTRATIVE REMEDIES

8.

Plaintiff fulfilled all conditions necessary to proceed with this cause of action under the ADA.

9.

Plaintiff filed Charge of Discrimination number 410-2022-00901 with the Atlanta Regional Office of the Equal Employment Opportunity Commission (“Commission”) on February 10, 2022. See Plaintiff's Exhibit 1.

10.

The Commission issued a Dismissal and Notice of Rights on February 9, 2023. See Plaintiff's Exhibit 2.

11.

Plaintiff has exhausted all available administrative remedies prior to the filing of this Complaint.

FACTUAL ALLEGATIONS

12.

Defendant hired Plaintiff as a full-time employee to the position of Nurse Medical Manager II on or about January 11, 2016.

13.

Plaintiff's employment with Defendant was in a position that exclusively worked remotely.

14.

When Defendant hired Plaintiff, the essential functions of Plaintiff's job did not include acquiescing to the compelled disclosure of personal medical information.

15.

Plaintiff was diagnosed with Major Depressive Disorder, Post-Traumatic Stress Disorder (PTSD), Thanatophobia (fear of death and dying), anxiety, depression, and panic attacks (collectively "Plaintiff's impairments").

16.

Plaintiff experiences intense anxiety or panic whenever she thinks about death or dying.

17.

Plaintiff's fear of death or dying significantly limits her ability to participate in Defendant's demand that she disclose her Covid19 vaccination status because such participation requires Plaintiff to experience death ideation, triggering anxiety or panic attacks.

18.

Plaintiff's impairments substantially limit her ability to interact with others, an activity of daily living.

19.

Plaintiff was able to perform the essential functions of her position with Defendants.

20.

In or around March 2022, Defendant implemented the WorkSafe Application Policy.

21.

Defendant's WorkSafe Application Policy states as follows:

All associates and contractors are required to register for and answer the question in the WorkSafe application regarding vaccination status (Yes or No). This is required regardless of individual plans to visit a PulsePoint or return to work in the field in the future*. Proof of vaccination is not required. Answers to these questions will be stored securely and only reported in the aggregate. Employers asking associates for their vaccination status is compliant with HIPAA regulations. See the COVID-19 Vaccination policy for details on

vaccine requirements. Associates who are not vaccinated at the time of registration can change their answer when they are fully vaccinated.

See Plaintiff's Exhibit 3.

22.

Defendant ordered Plaintiff to disclose her COVID-19 vaccination status in its WorkSafe system or have her employment with Defendant terminated.

23.

Defendant declared that adherence to its WorkSafe Application Policy was an essential function of Plaintiff's job.

24.

Prior to Defendant's implementation of its WorkSafe Application Policy, Defendant did not require Plaintiff to submit confidential health and treatment information as a condition of employment.

25.

Prior to Defendant's implementation of its WorkSafe Application Policy, Defendant did not consider the submission of confidential health and treatment information to be an essential function of Plaintiff's job.

26.

Plaintiff's impairments prevent her from responding to or otherwise answering questions that could be perceived to be questions about her mortality.

27.

Defendant declared that indication of COVID-19 vaccination status was an essential function of Plaintiff's position.

28.

The position description to which Defendant hired Plaintiff did not require disclosure of COVID-19 vaccination status as an essential function of the position.

29.

On or about October 21, 2021, Plaintiff completed and submitted Defendant's On the Job Accommodation Request to request that Defendant reasonably accommodate her disability. See Plaintiff's Exhibit 4.

30.

Defendant denied Plaintiff's request for reasonable accommodation of her disability.

31.

At all times relevant hereto, Plaintiff was able to perform the essential functions of her position.

32.

Defendant terminated Plaintiff's employment on October 29, 2021.

33.

Defendant terminated Plaintiff's employment for failing to provide her vaccination status in Defendant's WorkSafe database.

COUNT I
FAILURE TO REASONABLY ACCOMMODATE DISABILITY
IN VIOLATION OF THE AMERICANS WITH DISABILITIES ACT

34.

Paragraphs 1 – 33 are hereby incorporated by reference as if set forth fully herein.

35.

Plaintiff was a qualified employee of Defendant's.

36.

At all relevant times, Defendant has been a covered entity as defined by 42 U.S.C. § 12111(2).

37.

From January 11, 2016, until October 29, 2021, Plaintiff was an “employee” of Defendant’s as defined by 42 U.S.C. § 12111(4).

38.

At all times relevant hereto, Defendant has been engaged an industry affecting commerce within the meaning of 42 U.S.C. § 12111(5).

39.

During Plaintiff’s employment with Defendant, Defendant employed 25 or more employees for each working day in each of 20 or more calendar weeks in the current or preceding calendar year.

40.

Defendant is not a corporation wholly owned by the government of the United States, or an Indian tribe.

41.

Defendant is not a *bona fide* private membership club.

42.

Plaintiff impairments have rendered her disabled within the meaning of the ADA.

43.

Plaintiff notified Defendant that she was afflicted with impairments that rendered her disabled.

44.

Plaintiff could perform the essential functions of her position with a reasonable accommodation.

45.

Plaintiff requested a reasonable accommodation of her disability as defined by 42 U.S.C. § 12111(9).

46.

Defendant denied Plaintiff's request for reasonable accommodation of her disability.

47.

Plaintiff delivered to Defendant verification from her physicians that she suffered from impairments that rendered her mentally disabled within the meaning of the ADA.

48.

Defendant did not indicate that Plaintiff's reasonable accommodation request presented it with an undue hardship.

49.

Defendant discriminated against Plaintiff by denying her reasonable accommodation and terminating employment her due to her disability. *See* 42 U.S.C. § 12112(b)(4).

50.

Unless a request for reasonable accommodation presents an employer with an undue hardship, an employer is required to reasonably accommodate an employee's disability.

51.

As a result of Defendant's discriminatory actions, Defendants deprived Plaintiff of her employment with Defendants, equal employment opportunities and otherwise adversely affected her status as an employee.

52.

As a result of the Defendant's violations of law, Plaintiff suffered damages, including but not limited to lost wages, back pay, front pay, retirement benefits, physical suffering, emotional distress, and attorney's fees.

53.

As a result of Defendant's discriminatory actions, Plaintiff was deprived of her health insurance, making it prohibitively expensive for her to obtain regular

treatments for her disabilities resulting in the infliction of additional emotional pain and suffering.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff seeks judgment against the Defendant for all just and proper relief including:

- A. A jury trial on all triable issues;
- B. Declaratory judgment holding that Defendant's actions were in violation of the Americans with Disabilities Acts, as amended;
- C. A permanent injunction enjoining Defendant, its owners, officers, management personnel, employees, agents, successors, assigns, and in participation with them, from engaging in any employment practices that discriminate on the basis of disability;
- D. Order Defendants to institute and carry out policies, practices, and programs that provide equal employment opportunities to qualified individuals with disabilities and eradicate the effects of past and present unlawful employment practices;
- E. Order Defendant to pay Plaintiff back pay from the date of the termination of her employment through the date upon which the Court enters judgment in

favor of Plaintiff;

F. Order Defendant to reinstate Plaintiff to her employment with Defendant;

G. Order Defendant to make Plaintiff whole by providing compensation for pecuniary losses, including but not limited to, costs to be incurred for health and life insurance premiums and costs of seeking new employment, in amounts to be determined at trial;

H. Order Defendant to pay to Plaintiff exemplary damages for its malicious and/or reckless acts of discrimination;

I. Order Defendant to pay Plaintiff's attorneys fees, court costs, and all other costs of this action;

J. Grant such further relief as the Court deems appropriate.

Respectfully submitted this 10th day of May 2023.

WENDY GREEN

/s/ 

One of Her Attorneys

F. Anthony Dawkins
GA Attorney No. 157904
anthony@justice24-7.com

Jeffrey D. Steltzer
GA Attorney No. 142411
jsteltzer@renz-law.com

ANTHONY DAWKINS, P.C.
1100 Peachtree Street, NE
Suite 200
Atlanta, GA 30309
Telephone: 404-551-5333
Facsimile: 678-870-5999
anthony@justice24-7.com

PLAINTIFF'S
EXHIBIT 1

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> EEOC 410-2022-00901 </div>	
_____ and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) Wendy Green		Home Phone (904) 962-4372	Year of Birth 1967
Street Address 415 Damascus Ct FAIRBURN, GA 30213			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name ANTHEM BLUE CROSS BLUE SHIELD		No. Employees, Members 501+ Employees	Phone No. (866) 777-9636
Street Address 3350 PEACHTREE RD NE ATLANTA, GA 30326			
Name		No. Employees, Members	Phone No.
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON Disability		DATE(S) DISCRIMINATION TOOK PLACE <div style="display: flex; justify-content: space-between;"> <div> Earliest 08/04/2020 </div> <div> Latest 08/05/2021 </div> </div>	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I. I am a qualified individual, who can perform the essential functions of my position, with or without a reasonable accommodation. On or about, October 21, 2021, my medical provider submitted a request for a reasonable accommodation to continue to work remotely due to my disability and an exemption from the COVID-19 vaccination mandate. On or about October 26, 2021, I was discharged from employment. II. I was informed that I was discharged from employment for violation of company policy. III. I believe that I have been discriminated against due to my disability and in retaliation for participating in a protected activity, in violation of Title I of the Americans with Disabilities Act of 1990, as amended.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct. Digitally Signed By: Wendy Green 02/10/2022 <div style="text-align: center;">Charging Party Signature</div>		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

PLAINTIFF'S
EXHIBIT 2



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Atlanta District Office
100 Alabama Street, SW, Suite 4R30
Atlanta, GA 30303
1-800-669-4000
Website: www.eeoc.gov

DISMISSAL AND NOTICE OF RIGHTS

(This Notice replaces EEOC FORMS 161 & 161-A)

Issued On: 02/09/2023

To: Wendy Green
415 Damascus Ct
Fairburn, GA 30213
Charge No: 410-2022-00901

EEOC Representative and email: Nayara Torres
Federal Investigator
nayara.torres@eeoc.gov

DISMISSAL OF CHARGE

The EEOC has granted your request for a Notice of Right to Sue, and more than 180 days have passed since the filing of this charge.

The EEOC is terminating its processing of this charge.

NOTICE OF YOUR RIGHT TO SUE

This is official notice from the EEOC of the dismissal of your charge and of your right to sue. If you choose to file a lawsuit against the respondent(s) on this charge under federal law in federal or state court, **your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice.** Receipt generally occurs on the date that you (or your representative) view this document. You should keep a record of the date you received this notice. Your right to sue based on this charge will be lost if you do not file a lawsuit in court within 90 days. (The time limit for filing a lawsuit based on a claim under state law may be different.)

If you file a lawsuit based on this charge, please sign-in to the EEOC Public Portal and upload the court complaint to charge 410-2022-00901.

On behalf of the Commission,

Digitally Signed By: Darrell E. Graham
02/09/2023

Darrell E. Graham
District Director

Cc:

Shana Madigan
Seyfarth Shaw LLP
975 F St NW Ste 1000
Washington, DC 20004

Jeff Steltzer
Renz Law
30 Woodruff St
McDonough, GA 30253

Please retain this notice for your records.

Enclosure with EEOC Notice of Closure and Rights (01/22)

INFORMATION RELATED TO FILING SUIT UNDER THE LAWS ENFORCED BY THE EEOC

*(This information relates to filing suit in Federal or State court **under Federal law**. If you also plan to sue claiming violations of State law, please be aware that time limits may be shorter and other provisions of State law may be different than those described below.)*

IMPORTANT TIME LIMITS – 90 DAYS TO FILE A LAWSUIT

If you choose to file a lawsuit against the respondent(s) named in the charge of discrimination, you must file a complaint in court **within 90 days of the date you receive this Notice**. Receipt generally means the date when you (or your representative) opened this email or mail. You should **keep a record of the date you received this notice**. Once this 90-day period has passed, your right to sue based on the charge referred to in this Notice will be lost. If you intend to consult an attorney, you should do so promptly. Give your attorney a copy of this Notice, and the record of your receiving it (email or envelope).

If your lawsuit includes a claim under the Equal Pay Act (EPA), you must file your complaint in court within 2 years (3 years for willful violations) of the date you did not receive equal pay. This time limit for filing an EPA lawsuit is separate from the 90-day filing period under Title VII, the ADA, GINA or the ADEA referred to above. Therefore, if you also plan to sue under Title VII, the ADA, GINA or the ADEA, in addition to suing on the EPA claim, your lawsuit must be filed within 90 days of this Notice **and** within the 2- or 3-year EPA period.

Your lawsuit may be filed in U.S. District Court or a State court of competent jurisdiction. Whether you file in Federal or State court is a matter for you to decide after talking to your attorney. You must file a "complaint" that contains a short statement of the facts of your case which shows that you are entitled to relief. Filing this Notice is not enough. For more information about filing a lawsuit, go to <https://www.eeoc.gov/employees/lawsuit.cfm>.

ATTORNEY REPRESENTATION

For information about locating an attorney to represent you, go to:
<https://www.eeoc.gov/employees/lawsuit.cfm>.

In very limited circumstances, a U.S. District Court may appoint an attorney to represent individuals who demonstrate that they are financially unable to afford an attorney.

HOW TO REQUEST YOUR CHARGE FILE AND 90-DAY TIME LIMIT FOR REQUESTS

There are two ways to request a charge file: 1) a FOIA Request or 2) a Section 83 request. You may request your charge file under either or both procedures. EEOC can generally respond to Section 83 requests more promptly than FOIA requests.

Since a lawsuit must be filed within 90 days of this notice, please submit your request for the charge file promptly to allow sufficient time for EEOC to respond and for your review. Submit a signed written request stating it is a "FOIA Request" or a "Section 83 Request" for Charge Number 410-2022-00901 to the District Director at Darrell Graham, 100 Alabama Street, SW Suite 4R30

Atlanta, GA 30303.

You can also make a FOIA request online at <https://eeoc.arkcase.com/foia/portal/login>.

Enclosure with EEOC Notice of Closure and Rights (01/22)

You may request the charge file up to 90 days after receiving this Notice of Right to Sue. After the 90 days have passed, you may request the charge file only if you have filed a lawsuit in court and provide a copy of the court complaint to EEOC.

For more information on submitting FOIA Requests and Section 83 Requests, go to:

<https://www.eeoc.gov/eeoc/foia/index.cfm>.

NOTICE OF RIGHTS UNDER THE ADA AMENDMENTS ACT OF 2008 (ADAAA)

The ADA was amended, effective January 1, 2009, to broaden the definitions of disability to make it easier for individuals to be covered under the ADA/ADAAA. A disability is still defined as (1) a physical or mental impairment that substantially limits one or more major life activities (actual disability); (2) a record of a substantially limiting impairment; or (3) being regarded as having a disability. *However, these terms are redefined, and it is easier to be covered under the new law.*

If you plan to retain an attorney to assist you with your ADA claim, we recommend that you share this information with your attorney and suggest that he or she consult the amended regulations and appendix, and other ADA related publications, available at:

http://www.eeoc.gov/laws/types/disability_regulations.cfm.

“Actual” disability or a “record of” a disability

If you are pursuing a failure to accommodate a claim, you must meet the standards for either “actual” or “record of” a disability:

- ✓ **The limitations from the impairment no longer must be severe or significant** for the impairment to be considered substantially limiting.
- ✓ In addition to activities such as performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, thinking, concentrating, reading, bending, and communicating (more examples at 29 C.F.R. § 1630.2(i)), **“major life activities” now include the operation of major bodily functions**, such as: functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions; or the operation of an individual organ within a body system.
- ✓ **Only one** major life activity need be substantially limited.
- ✓ Except for ordinary eyeglasses or contact lenses, the beneficial effects of **“mitigating measures”** (e.g., hearing aid, prosthesis, medication, therapy, behavioral modifications) **are not considered** in determining if the impairment substantially limits a major life activity.
- ✓ An impairment that is **“episodic”** (e.g., epilepsy, depression, multiple sclerosis) or **“in remission”** (e.g., cancer) is a disability if it **would be substantially limiting when active**.
- ✓ An impairment **may be substantially limiting even though** it lasts or is expected to last **fewer than six months**.

Enclosure with EEOC Notice of Closure and Rights (01/22)

“Regarded as” coverage

An individual can meet the definition of disability if an **employment action was taken because of an actual or perceived impairment** (e.g., refusal to hire, demotion, placement on involuntary leave, termination, exclusion for failure to meet a qualification standard, harassment, or denial of any other term, condition, or privilege of employment).

- ✓ “Regarded as” coverage under the ADAAA no longer requires that an impairment be substantially limiting, or that the employer perceives the impairment to be substantially limiting.
- ✓ The employer has a defense against a “regarded as” claim only when the impairment at issue is objectively **both** transitory (lasting or expected to last six months or less) **and** minor.
- ✓ A person is not able to bring a failure to accommodate claim **if** the individual is covered only under the “regarded as” definition of “disability”.

***Note:** Although the amended ADA states that the definition of disability “shall be construed broadly” and “should not demand extensive analysis,” some courts require specificity in the complaint explaining how an impairment substantially limits a major life activity or what facts indicate the challenged employment action was because of the impairment. Beyond the initial pleading stage, some courts will require specific evidence to establish disability. For more information, consult the amended regulations and appendix, as well as explanatory publications, available at http://www.eeoc.gov/laws/types/disability_regulations.cfm.*

PLAINTIFF'S
EXHIBIT 3

WorkSafe Application Policy

The health of our associates and communities has always been a top priority for Anthem. That priority has become increasingly important as we continue to face the challenges of COVID-19. Vaccination is the best known way to protect yourself, your family, and your community. To keep our associates and communities as safe as possible, we are implementing a variety of vaccine-related policies and procedures.

Registration and Vaccine Status

All associates and contractors are required to register for and answer the question in the WorkSafe application regarding vaccination status (Yes or No). This is required regardless of individual plans to visit a PulsePoint or return to work in the field in the future*. Proof of vaccination is not required. Answers to these questions will be stored securely and only reported in the aggregate. Employers asking associates for their vaccination status is compliant with HIPAA regulations. See the COVID-19 Vaccination policy for details on vaccine requirements. Associates who are not vaccinated at the time of registration can change their answer when they are fully vaccinated.

WorkSafe registration information:

- Please follow the detailed instructions ([/cs/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&allowInterrupt=1&dDocName=AEPULSE_298551&Rendition=Web&noSaveAs=1](https://pulse.antheminc.com/cs/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&allowInterrupt=1&dDocName=AEPULSE_298551&Rendition=Web&noSaveAs=1)) to complete the WorkSafe registration and confirm your vaccination status. There's also a WorkSafe "at a glance" one page tip sheet ([undefined](#)) and a quick reference guide (https://pulse.antheminc.com/cs/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Web&dDocName=AEPULSE_297550&noSaveAs=1). Note that you can enter your Domain ID if you don't have your badge or are waiting for your badge to be processed.
- Be sure to select the category that most closely applies to you.
 - If you will be working in a PulsePoint or visiting one in the future, select "Anthem Office" and choose the office location nearest you or one that you would visit in the future (even if you do not plan on going into an office in the future).
 - If you are in a clinic or working directly with patients/members or do home visits, you should select the Patient/Member (clinic/home/care facility).
 - If you do not work directly with patients but interact with members, select the Patient/Member (community, field, storefronts).
 - If you work with the general public or specific public groups, select External non-patient/member (sales, provider, government relations)
- If you don't have an Anthem badge, go here for more instructions (https://pulse.antheminc.com/cs/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Web&dDocName=AEPULSE_293861&noSaveAs=1). If the badge number on the back of your badge has worn off and cannot be read, check the Building Access Request (<https://bam.antheminc.com/>) tool to see your badge status and access your six-digit badge number. (For new badge requests, you don't need to go to the office to pick up your badge in order to register for WorkSafe. Once your badge order is complete, you can look up your badge number in the online Building Access Request (<https://bam.antheminc.com/>) tool. A badge order is complete after the manager approves the associate's badge request through IT Service Connect (https://pulse.antheminc.com/cs/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Web&dDocName=AEPULSE_293861&noSaveAs=1), an appropriate photo provided, and the badge is printed onsite). You can also register using your Domain ID.

Daily Health/COVID-19 Symptom Questions

The WorkSafe tool also serves to protect our associates and communities by asking questions regarding health/COVID-19 symptoms. All associates and contractors must use the WorkSafe application (https://pulse.antheminc.com/cs/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&dDocName=AEPULSE_298551&Rendition=Web&noSaveAs=1) to answer questions about COVID-19 symptoms on each day that they plan to enter a PulsePoint or go to work in the field. Click [here](https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html) (<https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>) to see the latest CDC guidance on isolation and quarantine periods.

IMPORTANT: Answer the health/COVID-19 symptom questions at home at least one hour ahead of time. Do NOT wait until you arrive at your work location to answer the questions.

Those who cannot comply with all of the items on the WorkSafe screening questions will not be allowed to enter a PulsePoint and should plan to work at home that day. Answers to the WorkSafe questions will be stored securely and only reported in the aggregate. Building visitors who cannot access WorkSafe must utilize the self-report questionnaire (https://pulse.antheminc.com/cs/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Web&dDocName=AEPULSE_300550&noSaveAs=1) prior to access Anthem building.

It should be noted that the majority of our offices are still considered to be closed and associates should continue to work from home as much as possible and enter a closed PulsePoint only for approved and business critical reasons.

*Note that WorkSafe is connected to the Anthem badging system. Associates who are not in the Anthem badging system will not be able to immediately access WorkSafe and will receive specific instructions and will need to follow the site visitor process if they need to enter a PulsePoint (Beacon, NGS, My Nexus, non-clinic-based Health Sun).

Click [here](https://rtw.anthem.com/privacy-policy) (<https://rtw.anthem.com/privacy-policy>) to see the privacy policy for WorkSafe.

CONFIDENTIAL

3/18/22, 2:30 PM

Topic Page

Contact Information

WorkSafe technical related issues: [Enterprise Service Desk \(https://anthem.service-now.com/ess/\)](https://anthem.service-now.com/ess/) or call 888-Anthem-8 (888-268-4368)

Badge related or building access: [BuildingAccessRequests@anthem.com \(mailto:BuildingAccessRequests@anthem.com\)](mailto:BuildingAccessRequests@anthem.com)

HR or vaccine related questions: [PulsePoints@anthem.com \(mailto:PulsePoints@anthem.com\)](mailto:PulsePoints@anthem.com)

CONFIDENTIAL

PLAINTIFF'S
EXHIBIT 4

EXHIBIT A



On the Job Accommodation Request Form

Instructions: Complete section one (1) and have your treating health care provider complete section two (2).

Please fax the completed form to (866) 837-1833 or email the completed form to loa@anthem.com with a subject of "Accommodation Request". If you have any questions, please contact the HRSolutions Center Leave of Absence Department at 866-777-9636.

Please note that if you are requesting an intermittent or block leave as an accommodation, request should be entered through PeopleSoft Employee Self Service/Manage Time and Attendance/Manage Time Off and LOA.

SECTION 1 - TO BE COMPLETED BY THE ASSOCIATE

Associate Name: Wendy S. Green

Associate ID: 1538978

Date of Birth: 11-14-1967

Mailing Address (do not abbreviate): Street or PO Box: 415 Damascus Ct Apt:

City: Fairburn

State: Ga

Zip Code: 30213

Telephone Number 904 962 4372

Cell Phone ()

Please answer the following questions about the type of accommodation(s) you are requesting and how your requested accommodation(s) would help you perform your job duties.

1. Job Title: KN UM

2. Job Description: Briefly describe your basic job responsibilities.

approve / deny cases

3. What, if any, job function are you having difficulty performing?

none as long as remain work@ home

4. What, if any, employment benefit are you having difficulty accessing?

none

5. What limitation is interfering with your ability to perform your job or access an employment benefit?

Vaccine attestation

6. What specific accommodation are you requesting?

Anything r/t vaccines (COVID) + testing

7. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? Yes ☒ No ☐

If yes, please explain.

Cont work from home

8. Is your accommodation request time sensitive? Yes ☒ No ☐

If yes, please explain.



On the Job Accommodation Request Form

9. Have you had any accommodations in the past for this same limitation? Yes ☐ No ☒

If yes, what were they and how effective were they?

10. If you are requesting a specific accommodation, how will that accommodation assist you?

Existing WAT employee

11. Please provide any additional information that might be useful in processing your accommodation request:

WAT for 4 yrs. This mandate does not directly affect me.

Associate Signature

Date

10-21-21

SECTION 2 – HEALTH CARE PROVIDER STATEMENT

Section 2 of this form must be **completed in full** by the health care provider who is treating the associate for the disabling condition(s). Please attach any additional comments if needed.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring Genetic Information of employees or their family members. In order to comply with this law, we are asking that you not provide any Genetic Information when responding to this request for medical information. 'Genetic Information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and Genetic Information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

QUESTIONS TO HELP DETERMINE WHETHER THE ASSOCIATE HAS A DISABILITY

A person has a disability if the person has an impairment that substantially limits* one or more major life activities. *The state of California does not require the impairment to be substantially limiting, but merely limiting to the individual. The following questions may help determine whether an associate has a disability.

1. Does the associate have a physical or mental impairment? ☒ Yes ☐ No

If yes, what is the impairment?

major depressive d/o
PTSD, Thanatophobia, anxiety/depression, Panic attacks

2. Is the impairment: ☐ short term (lasting 6 months or less) ☐ long term ☒ permanent

If not permanent, how long will the impairment likely last?

3. Does the impairment substantially limit (or merely limit if California) a major life activity? ☒ Yes ☐ No

If yes, please check all activities which are substantially limited (or merely limited if California).

<input type="checkbox"/> Caring For Self	<input type="checkbox"/> Reaching	<input type="checkbox"/> Bending	<input type="checkbox"/> Normal Cell	<input type="checkbox"/> Neurological Functions
<input type="checkbox"/> Interacting With Others	<input checked="" type="checkbox"/> Thinking	<input type="checkbox"/> Lifting	<input type="checkbox"/> Growth	<input type="checkbox"/> Brain Functions
<input type="checkbox"/> Performing Manual Tasks	<input checked="" type="checkbox"/> Concentrating	<input checked="" type="checkbox"/> Sleeping	<input type="checkbox"/> Digestive Functions	<input type="checkbox"/> Respiratory Functions
<input type="checkbox"/> Breathing	<input type="checkbox"/> Hearing	<input type="checkbox"/> Reading	<input type="checkbox"/> Bowel Functions	<input type="checkbox"/> Circulatory Functions
<input type="checkbox"/> Working	<input type="checkbox"/> Seeing	<input type="checkbox"/> Communicating	<input type="checkbox"/> Bladder Functions	<input type="checkbox"/> Endocrine Functions
<input type="checkbox"/> Walking	<input type="checkbox"/> Speaking	<input type="checkbox"/> Eating	<input type="checkbox"/> Immune System Functions	<input type="checkbox"/> Reproductive Functions
<input type="checkbox"/> Standing	<input type="checkbox"/> Learning	<input type="checkbox"/> Functions of the		<input type="checkbox"/> Other: (describe)
	<input type="checkbox"/> Sitting			

(In making this assessment, an impairment that is episodic or in remission would be considered a disability if it would substantially limit a major life activity when active. The determination should be made without regard to the ameliorative effects of mitigating measures such as medication, medical supplies, low vision devices, prosthetics, hearing aids, cochlear implants, or other implantable hearing devices, mobility devices or oxygen therapy equipment or supplies. Ordinary eyeglasses and contact lenses may be considered in making this determination.)

10/21/21, 1:58 PM

page 3 accommodation exemption form.jpg

Anthem**On the Job Accommodation Request Form**

Please refer to the associate's Job Title and Job Description on page 1 when completing this section.

QUESTIONS TO HELP DETERMINE WHETHER AN ACCOMMODATION IS NEEDED

An associate with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability.

4. What job function(s) is the associate having trouble performing because of the limitation(s)?

NO troubles as long as she can remain a WAT employee
She is no risk to others with Covid nor is she or her family at risk from others as long as she remains WAT

5. How does the associate's limitation(s) interfere with his/her ability to perform the job function(s)?

NO limitations - as she remains WAT. The limitations consists of entering personal / HIPAA info into a database, subjected to possible vaccine, + or drug testing

QUESTIONS TO HELP DETERMINE EFFECTIVE ACCOMMODATION OPTIONS

If an associate has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations.

6. Do you have any suggestions for possible accommodations to enable the associate to perform the essential functions of the position? ☒ Yes ☐ No

If yes, what are they? Cont WAT status

7. How would your suggestions enable the associate to perform the essential functions of the position? YES

HEALTH CARE PROVIDER INFORMATION:

Printed Name	Crystal Nelson	MD or DO	Specialty	Psychiatry
Address	1635 Hwy 34 Ste E	City	Newnan	State Ga Zip 30265
Phone	(678) 619-5151	Fax	(678) 698-3448	

X

Health Care Provider's Signature

Date

This form must be signed and dated by the treating Health Care Provider